

**INSTRUCTIONS FOR THE REQUEST
OF A THERAPY SPELL OF ILLNESS
(Physical, Occupational, Speech)**

A. Complete the Prior Authorization Request Form (PA/RF).

- Required Elements: 1-13, 16, 18, 19, 23 and 24
- Leave these Elements Blank: 14, 15, 17, 20 and 21
- Refer to the attached instructions for completing the Prior Authorization Request Form (PA/RF).

B. Complete the Prior Authorization Spell of Illness Attachment (PA/SOIA).

- Required Elements: 1-9 and Parts A thru G
- Refer to the attached instructions for completing the Spell of Illness Attachment (PA/SOIA).

C. Submit the Prior Authorization Request Form (PA/RF) and the Spell of Illness Attachment (PA/SOIA) to the following address:

E.D.S. Federal Corporation
Prior Authorization Unit
Suite 88
6406 Bridge Road
Madison, WI 53784-0088